

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000023881

Entity Name: IM MEDICAL P.A.

FILED  
Feb 02, 2005  
Secretary of State

## Current Principal Place of Business:

11742 SUNRISE VIEW LANE  
WELLINGTON, FL 33467

## New Principal Place of Business:

6080 BOYNTON BEACH BLVD.  
SUITE 220  
BOYNTON BEACH, FL 33437

## Current Mailing Address:

11742 SUNRISE VIEW LANE  
WELLINGTON, FL 33467

## New Mailing Address:

6080 BOYNTON BEACH BLVD.  
SUITE 220  
BOYNTON BEACH, FL 33437

FEI Number: 47-0937556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAEZ, MARIO  
11742 SUNRISE VIEW LANE  
WELLINGTON, FL 33467 US

## Name and Address of New Registered Agent:

BAEZ, MARIO  
6080 BOYNTON BEACH BLVD.  
SUITE 220  
BOYNTON BEACH, FL, FL 33437 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

02/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BAEZ, MARIO  
Address: 11742 SUNRISE VIEW LANE  
City-St-Zip: WELLINGTON, FL 33467

Title: D ( ) Delete  
Name: THOMPSON, ISAAC  
Address: 726 PINECLUB LANE  
City-St-Zip: WELLINGTON, FL 33414

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIO M. BAEZ, M.D.

MD

02/02/2005

Electronic Signature of Signing Officer or Director

Date